



Board of Mahoning County Commissioners

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www.mahoningcountyoh.gov

County Commissioners

John A. McNally • Carol Rimedio-Righetti • Anthony T. Traficanti

Clerk of the Board

Nancy M. Laboy

GENERAL INFORMATION

Position applied for: _____
Date of Application: _____

Name: _____
Last First Middle Initial
Address: _____
Street City State Zip
Telephone: _____ (home) _____ (alternate)
Social Security Number: _____

PERSONAL DATA

Date available to start? _____

Are you available for: Full-time employment ☐ Part-time employment ☐
(check all that apply) Temporary employment ☐ Seasonal employment ☐
Intermittent employment ☐

Have you ever been employed by Mahoning County? ☐ Yes ☐ No Dates? _____
Reason for leaving? _____

Do you have any time commitments to another employer, individual, or school which might interfere with your ability to perform the job? ☐ Yes ☐ No

If yes, please explain: _____

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation (please refer to job description)? ☐ Yes ☐ No

If no, please explain: _____

Have you ever been convicted of a crime other than minor traffic violations?

☐ Yes

☐ No

If yes, list dates and types of offenses:

***NOTE: CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT**

Are you 18 or older?

☐ Yes

☐ No

Are you authorized to work in the United States?

☐ Yes

☐ No

Do you have a valid driver's license?

☐ Yes

☐ No

EDUCATIONAL DATA

NAME AND ADDRESS OF SCHOOL OR COLLEGE	NUMBER OF YEARS COMPLETED	MAJOR SUBJECT OR DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Schools Attended				<input type="checkbox"/> Yes <input type="checkbox"/> No
Correspondence Schools				<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe briefly the type of work that you are best qualified to do by reason of background, education, previous employment, or training, and tell why you feel qualified for the position for which you are applying.

List any skills you have which are relevant to the position for which you are applying.

List any special licenses or certificates you have that are relevant to the position for which you are applying.

List any professional organization memberships and offices held. Exclude those that would indicate race, color, religion, sex, age, national origin, political affiliation, disability, and/or ancestry.

PERSONAL REFERENCES
(other than former employers and relatives)

NAME	ADDRESS AND TELEPHONE	OCCUPATION

EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – **last position first** – including U.S. Military. Attach additional pages if need.

Current/Last Employer		Telephone
Address		Final Salary
Employment Dates From: To:	Position	Supervisor
Duties and Responsibilities		List Equipment, Machinery, and/or Software Used
Reason for Leaving		May we contact for reference?

Previous Employer		Telephone
Address		Final Salary
Employment Dates From: To:	Position	Supervisor
Duties and Responsibilities		List Equipment, Machinery, and/or Software Used
Reason for Leaving		May we contact for reference?

Previous Employer		Telephone
Address		Final Salary
Employment Dates From: To:	Position	Supervisor
Duties and Responsibilities		List Equipment, Machinery, and/or Software Used
Reason for Leaving		May we contact for reference?

CERTIFICATION

I certify that all information contained in this application is true, complete, and correct to the best of my knowledge. I understand that any material omission, misrepresentation, or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references, and/or schools for information. I also give my consent to contact the State Motor Vehicle Department for a Moving Vehicle Violation Report, if such information is required to perform the duties of this position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

Applicant's Signature

Date

MAHONING COUNTY
EQUAL EMPLOYMENT OPPORTUNITY FORM

The Ohio Fair Employment Practice Law prohibits employment practices that discriminate based on race, color, religion, sex, national origin, disability, age, or ancestry. The 1964 Civil Rights Act, Title VII, prohibits discrimination based on race, color, religion, sex, or national origin.

The Ohio Administrative Code, Section 4112-5-04, requires the Board of Mahoning County Commissioners to record and report the information listed below. Please help us comply by providing the answers to the following questions.

This Equal Employment Opportunity Form will be kept in a **CONFIDENTIAL FILE** separate from the Application for Employment. It will not be used to determine employment eligibility.

POSITION APPLIED FOR: _____

RACE/ETHNIC GROUP:

- ☐ American Indian/Alaskan Native
- ☐ Asian/Pacific Islander
- ☐ Hispanic
- ☐ Black
- ☐ White
- ☐ Other

SEX:

- ☐ Female
- ☐ Male

VIETNAM ERA VETERAN:

- ☐ Yes
- ☐ No

DISABLED VETERAN:

- ☐ Yes
- ☐ No

DO YOU HAVE A DISABILITY OR MEDICAL CONDITION THAT NEEDS TO BE ACCOMMODATED TO PROVIDE YOU WITH AN ACCESSIBLE WORK ENVIRONMENT?

- ☐ Yes
- ☐ No

REFERRED BY:

- ☐ Job Posting
- ☐ Newspaper
- ☐ Friend
- ☐ Other

Thank you for filling out this form.

THIS INFORMATION IS TO BE USED FOR AFFIRMATIVE ACTION USE ONLY.

**CONSENT TO RELEASE DRIVING
AND
CRIMINAL RECORD INFORMATION**

Date: _____

I, _____ (print your name clearly), hereby give the Sheriff
Deputy, permission to release any criminal and/or driving records that I may have to Mahoning County Human
Resources.

I hereby release the Mahoning County Sheriff, or his authorized Deputy, from any and all liability arising from
information given as guaranteed under the Privacy Act.

If you are applying for a law enforcement position, you must include your date of birth: _____

Signature: _____

Address: _____

Social Security Number: _____

/

FOR SHERIFF'S DEPARTMENT USE ONLY

Record Information:

Signature of Sheriff or Authorized Deputy: _____

Date: _____